

'They think they can talk to nurses': practice nurses' views of their roles in caring for mental health problems

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SUMMARY

Background. Primary care teams have been encouraged to develop the care they provide to patients with mental health problems, and a greater role for practice nurses has been advocated. However, little is known about practice nurses' current level of involvement or their perceived strengths and limitations in caring for patients' mental health problems.

Aim. To describe practice nurses' current experiences of caring for patients with mental health problems and to explore their perceptions about enlarging this role.

Method. Pilot interviews were carried out with a purposeful sample of practice nurses to design a postal questionnaire, which was then sent to 635 practice nurses identified from family health services authority lists in six health authorities in the north-east of England.

Results. Completed questionnaires were returned by 445 (70%) practice nurses. Most nurses (83%) reported that they commonly saw patients with a range of mental health problems arising indirectly or directly in consultations. Many practice nurses (52%) lacked any formal mental health training and identified a broad range of training needs. A majority (80%) of responders had concerns about their abilities to address mental health problems effectively, given their existing workloads. However, most (61%) were keen to expand their role in mental health care if appropriate support and training were forthcoming.

Conclusion. There is considerable potential for practice nurses to realize a greater and more effective role in the care of mental health problems in primary care. Developing practice nurses' contribution will require further training and support.

Keywords: practice nurse; mental health; primary care.

Introduction

PRIMARY care teams are increasingly being encouraged to develop the care they provide to those with mental health problems.^{1,2} At the same time, there is a growing interest in expanding the roles of nurses in general practice.³ This has recently been endorsed by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, with planned changes for practice nursing to become a specialist practitioner qualification.⁴

In the care of mental health patients, the identification and monitoring of anxiety and depression by practice nurses has been

encouraged,⁵ nurse-led clinics for those using antidepressant medication have been piloted,⁶ and nurse training in problem solving for patients with emotional disorders has been shown to be an effective alternative to general practitioner (GP) care.⁷ A greater role for practice nurses in the care of the long-term mentally ill has also been suggested, given that structured assessments of this group by GPs appear unfeasible.⁸ Previous work has described practice nurses' workload^{3,9-12} and suggests that a significant part of nurses' practice includes dealing with psychological problems. However, little is known about practice nurses' attitudes to their involvement or their own perceived strengths and limitations in dealing with patients' mental health problems in primary care. In this study, we sought to explore practice nurses' current experiences of caring for mental health problems and their perceptions about enlarging this role.

Method

Designing a questionnaire

Semistructured, one-to-one pilot interviews were conducted by AC, a registered nurse and primary care researcher, with a purposeful sample¹³ of practice nurses working in a variety of urban, suburban, and semirural general practice settings, and serving both advantaged and disadvantaged patient populations within three health authorities. The interviews were underpinned by symbolic interactionist theory¹⁴ and explored practice nurses' experiences of mental health problems in primary care and any related issues that arose for them. Interviews were audiotaped, transcribed verbatim, and the data analysed independently by AC and JK, a GP and researcher, by repeatedly reading the transcripts in depth to identify key themes.¹⁵ Common themes were then used to design a 27-item questionnaire containing 20 closed and seven open response questions. This was piloted with the interviewees in order to feed back and confirm interview findings. Interviewees were also asked to comment on the questionnaire's relevance and suitability for distribution to practice nurse colleagues. The questionnaire was subsequently revised and mailed to all practice nurses identified from family health services authority (FHSA) lists in six health authorities in the north-east of England. A single reminder was sent to non-responders after four weeks. The questionnaire data were coded and analysed using the Statistical Package for Social Sciences (SPSS).

Results

Exploratory interviews

Interviews were conducted with 11 practice nurses in 10 different practices (three inner city, four suburban, and three semirural). All but two nurses worked full time, and all but one (an enrolled nurse) were registered general nurses.

Responders frequently encountered patients with emotional and psychological difficulties. Such problems typically arose when a patient attended for an apparently unrelated reason, although some patients did present mental health problems to

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them directly. Nurses felt that it was important to allow opportunities for patients to discuss their worries and identified a range of reasons why patients raised such problems with them. These included lay perceptions about nurses being generally sympathetic and that nurses appeared to be more accessible or have more time than doctors. For example, 'They think they can *talk* to nurses...' and 'A lot of people are embarrassed to tell the doctor what they tell us.'

All interviewees had regular contact with patients with chronic psychosis and experience of administering depot medication or taking serum lithium levels, and felt that they got to know this group of patients relatively well. They would routinely follow up non-attendance and, although not confident about recognizing formal changes in the patient's mental state, were alert to any departure from a patient's 'usual self', which they might then share with a GP colleague. The following comment was typical: 'You do notice change in people and whether it's a serious change or not ... I just don't know and I think all of us probably err on the side of caution ... and go trotting off to the GP...'

Nurses worried that they might be failing to recognize significant signs of a mental health problem such as depression. They felt that their general nursing training left them ill-equipped to deal with mental health problems and were positive about receiving further training. These issues, in addition to demographic information, information about the level and nature of contact with mental health problems, nurses' training needs, and their perceptions of current and future roles, were incorporated into the questionnaire.

Questionnaire survey

A total of 445 out of 635 practice nurses (70%), from 284 general practices, returned completed questionnaires for analysis. All but one of the responders were women and the mean practice patient list size was 8216 (95% confidence interval 7781 to 8652). The characteristics of responders are shown in Table 1.

Contact with patients with mental health problems

The most common problems nurses encountered were anxiety, depression, bereavement, and relationship difficulties. A total of 257 (62%) nurses estimated that up to a fifth of their total workload concerned mental health problems arising indirectly in consultations, and 289 (65%) estimated that up to 10% of patients presented with a psychological problem to them directly. Common situations in which such problems arose and those

groups who nurses considered presented to them most often are shown in Table 2.

Most practice nurses were regularly seeing patients with chronic psychosis for depot injections: 252 (57%) were seeing between one and five patients per month, and a minority 22 (5%) were seeing between six and 10 patients per month. Similarly, there was regular contact with patients requiring serum lithium levels: 289 (65%) saw between one and five patients per month, and 22 (5%) saw between six and 10 patients per month. One third of nurses (34%) did not have any regular contact with patients with chronic psychotic illness.

Management of mental health problems

Almost all (436, 98%) practice nurses saw their most important strengths as being a 'good listener' and as being able to develop a continuing relationship with patients (432, 97%). The common strategies nurses were likely to use when dealing with patients' mental health problems were to listen and refer to a GP (412, 95%), listen and review patients if they needed further support (379, 87%), or suggest practical measures such as joining a self-help group (381, 88%). A small proportion of nurses (98, 22%) said they liaised with other community mental health professionals, despite 271 (61%) practice nurses working in practices with an attached community psychiatric nurse, 165 (37%) working in teams with practice counsellors, and 89 (20%) working in practices with an attached psychologist.

Training needs in mental health

Half of the responders (231, 52%) said they had never undergone any form of training about mental health problems, and only a third of nurses (134, 30%) had received mental health training as a component of their preregistration education. A minority (11, 2.5%) had trained as registered mental nurses (RMNs). The majority of nurses were very positive about receiving further training. As one respondent commented:

'I feel there is a huge need for nursing input into the area of emotional problems especially anxiety and depression. I would greatly appreciate further training in this area.' (respondent 401)

Table 3 shows those areas of training that nurses perceived they would find most useful. Study days were regarded as the best way of providing training.

Views about role in mental health care

A fifth (22%) of nurses were happy with their existing role, and a minority of responders (2.5%) wished to have less involvement with mental health problems. However, most nurses (61%) were willing to increase their role if they received adequate support. A quarter (24%) of the responders said they currently lacked confidence to do so, for example:

'I feel inadequate when dealing with patients with these problems. I would welcome any future expansion/knowledge.' (respondent 104)

However, nurses did perceive potential barriers to expanding their role: 384 (89%) indicated that there was insufficient time available; 332 (80%) had concerns that the current workload was too heavy; and 262 (63%) worried about overlapping with the work of other health professionals.

Discussion

This study suggests that the majority of practice nurses are cur-

Table 1. Characteristic of respondents.

Characteristic	n
Employed as practice nurse for three years or more	374 (84%)
Registered general nurse	415 (93%)
Enrolled nurse	29 (7%)
Additional qualification	183 (41%)
Registered midwife	109 (24%)
District nurse	34 (7.5%)
Other (e.g. RMN, RSCN)	40 (9%)
Inner city general practice	50 (11%)
Urban/town general practice	222 (50%)
Rural practice	92 (20.5%)
Semirural practice	70 (16%)
Location not known	11 (2.5%)
Worked with one or more practice nurse colleagues	353 (79%)
Sole practice nurse in practice	92 (21%)

Table 2. Settings and patient groups presented most often with mental health problems.

Settings	n	Patient groups	n
Well-person clinics	251 (56%)	Young mothers	153 (34%)
Chronic disease clinics	95 (21%)	Bereaved of all ages	145 (32%)
Self-referral for problem	68 (15%)	Middle-aged women	101 (23%)
Well woman clinics	63 (14%)	Elderly women	96 (22%)
Blood pressure checks	37 (8%)	Menopausal women	74 (17%)
Blood screening	32 (7%)	Middle-aged men	40 (9%)
Over 75 checks	21 (5%)	Teenagers	30 (7%)
New patient checks	15 (3%)	Young men	10 (2%)

Table 3. Perceived future training needs.

Area of training (number of respondents)	Very useful	Useful	Not useful
Counselling skills (n = 426)	292 (69%)	125 (29%)	9 (2%)
Recognition of psychological problems including depression (n = 429)	247 (58%)	173 (40%)	9 (2%)
Stress management (n = 428)	252 (59%)	163 (38%)	13 (3%)
Education about psychotropic medication (n = 434)	170 (39%)	246 (57%)	18 (4%)
Current trends in care of mental health problems (n = 427)	157 (37%)	256 (60%)	14 (3%)
Assessment of mental health state in patients with psychosis (n = 415)	101 (24%)	209 (50%)	105 (25%)
Education about roles of mental health professionals (n = 423)	120 (28%)	263 (62%)	40 (9%)

rently playing an active role in supporting patients with mental health problems in primary care. They are encountering the full spectrum of mental ill-health during day-to-day practice. Responders in this study frequently encountered common psychological problems, consistent with a previous study of 71 nurses,¹⁶ and we have found that two thirds of practice nurses were also regularly seeing patients with chronic psychosis. Data on nurses' contact with patients with mental health problems were not collected prospectively and must be interpreted with caution. Nevertheless, the questionnaire design was informed by those issues that practice nurses had defined themselves. While we were unable to describe non-responders, the characteristics of the responders and their practices were broadly similar to the national profile and distribution of practice nurses.¹⁰

Our results suggest that considerable psychological ill-health may be arising in health promotion and screening settings, which may have remained undetected and could possibly also have arisen as a result of screening itself.¹⁷ Further research could explore and characterize this morbidity and its relationship to the known iceberg of psychiatric illness in the community.¹⁸

Women appeared to seek nurses' help most frequently, with certain groups being most visible: young mothers and middle-aged women. These findings are consistent with work that has found that most patients, particularly women, are willing to consult nurse practitioners.¹⁹ However, it is not known to what extent this contact with female patients represents overlap between the work of health visitors, midwives, and district nurses. There is a need for further exploration of the working patterns and relationships between practice nurses and other community nurses to ensure the most effective use of nursing resources in primary care. Our findings may also highlight the lack of avenues open to men with mental health needs, particularly as suicide rates are rising among this group.²⁰

In this study, practice nurses had concerns about their abilities to address mental health problems more effectively, but the majority could envisage enlarging this role if support and training were forthcoming. While much of their workload continues to involve task substitution for GPs,²¹ practice nurses are increasingly seeing patients independently in areas such as health promotion.¹² The precise role of practice nurses in health promotion and screening remains ill defined.²² However, the move towards

greater independence is generally welcomed by nurses and is perceived as vital to their future job satisfaction and professional development.²³ Our findings suggest that practice nurses may be ideally placed to identify mental health problems such as anxiety and depression at an early stage and to monitor those with enduring illness, such as schizophrenia and manic depression, many of whom are being seen regularly by nurses for depot medication and lithium blood level checks. The accountability and supervision of nurses working more independently will require careful consideration if their role is to be developed further.

A lack of structure in practice nurse training has long been recognized.^{24,25} In this study, most nurses' lack of exposure to training in mental ill-health, even at the level of preregistration education, is worrying, given the level of involvement in mental health that we have found. While 25% of respondents did not want training in mental state assessment, most nurses' enthusiasm to develop a broad range of knowledge and skills is encouraging. We recognize that surveys of training access often yield positive responses. However, the high level of support for further education in our survey suggests that nurses should be offered appropriate and specific learning opportunities encompassing those needs that they have identified. Nurses indicated they would prefer training to be provided as short courses, which may reflect concerns about lack of time and adequate cover for absence from the practice. These findings have implications for approaches to nurse training, particularly in the transition of practice nurses to specialist practitioners.⁴

In common with other primary care professionals, there was anxiety about expanding workload within the available time when their activities were already increasing. Nurses expressed a need to be more informed about the roles of community mental health professionals, with whom most appeared to have little experience of joint working. Addressing these issues may reduce the potential for conflict and enhance collaboration with other professionals including, for example, agreed routes of referral between professionals. This should be accompanied by the identification and facilitation of different skills within primary care teams, particularly across community nursing, in order to match the appropriate skill mix to the needs of the local population. Focusing such approaches upon the care of specific health areas such as mental health could also help to improve communication

within primary care teams²⁶ and reduce the sense of professional isolation felt by many practice nurses.²³ Given the need for GPs to generate income from practice activity, remuneration specific to mental health work may be one way of introducing successful change.

Current developments in the expansion of nursing roles in primary care²⁵ and planned changes to specialist practitioner status for practice nurses⁴ present opportunities to recognize and develop the valuable role that practice nurses currently play in caring for mental health problems, and to provide appropriate support and training. There is considerable potential for practice nurses to realize a greater and more effective contribution to mental health care.

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